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PROPHYLAXIS OF TYPHUS

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Is it possible to prevent typhus? The answer is definitely in the affirmative because this disease has not occurred in the USSR for a long time. There is merely the possibility of occasional sporadic cases. The health authorities and medical workers have the task of completely eradicating this disease everywhere and in the shortest possible time.

Under the circumstances, will this task be easy? No, because the fewer the number of cases, the more difficult it will be to recognize that they occur. To begin with, there is a feeling of security and complacency with regard to typhus. Medical workers forget about this disease and do not diagnose it correctly, even when there is every reason to do so.

Furthermore, as has been shown convincingly by the Khabarovsk trial of the Japanese aggressors, one cannot exclude the possibility of biological warfare [literally "diversionary acts"].

Thus, the medical worker must think about typhus first when he is at the bedside of a patient who develops a fever. One may exclude typhus only when there is not a single symptom characteristic of this disease and should pay particular attention to patients who develop a rash or have fever for more than 3 days. Some medical workers, when they observe a rash, for some reason think first of measles or scarlet fever, and when confronted with a feverish patient, assume that he must have pneumonia, influenza, or malaria.

Mistakes are most frequently made by medical personnel at the middle level. Lack of experience often contributes to erroneous diagnosis. It is the duty of medical personnel in the middle brackets to call a physician and to send to a hospital all doubtful cases, in accordance with existing instructions. There is no reason whatever to keep at home a patient who is feverish for longer than 3 days. Sending such patients to the hospital will prevent the spread of infection, in the event that the disease is actually typhus.

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When lice have been discovered, all patients and members of their household must be disinfected, no matter what the disease may be. In such cases, elimination of lice may be achieved by treating underwear, bed linen, hairy parts of the body, clothes, upholstery, etc., with DDT and hexachlorene [hexachlorocyclohexane] preparations. This procedure will prevent the possible spread of infection if the patient actually has typhus and for some reason cannot be hospitalized immediately. If the disease is typhus, preliminary extermination of lice alone cannot by any means replace final disinfection of the source from which the disease may spread.

A primary infection may occur only when it has been brought in from the outside. For that reason, particular attention must be paid to people newly arriving at populated points of the district. Village medical workers must know about every new arrival and have information as to where he came from and when he arrived. If the newly arrived person becomes sick within a month after arrival, typhus may be suspected. In all such cases, the medical worker must call a physician immediately and take measures for making the possible focus of infection innocuous.

Early diagnosis is essential. One cannot expect that patients will seek medical aid of their own accord, so that regular house-to-house visits must be carried out. If a case of typhus has occurred, such visits must be carried out daily in the village in question, at least twice per week in all neighboring settled points, and elsewhere periodically up to two times per month, depending on the epidemiological aspects and the contacts which exist between the population and the medical personnel. In making such house-to-house rounds, medical personnel may be assisted by kolkhoz brigades, team contact workers, school workers, commandants of buildings, as well as contingents of the Komsomol, the Red Cross, and the Red Crescent. By enlisting the aid of such people, the medical worker will acquire an exact knowledge of everything that goes on in his district. He should also keep in touch with administrations of schools, industrial enterprises, offices, etc., to obtain information on persons who have stayed at home because of sickness.

Particular vigilance must be exerted by medical workers who are attached to schools, boarding schools, sovphozes, new constructions in progress, peat and lumber camps, etc. In such places, rapid diagnosis is particularly important. At enterprises of the types enumerated above, medical workers must actively participate in the examination of newly arrived workers and ask them whether they have not come from a locality in which some infectious disease, particularly typhus, has occurred. If suspicion in regard to a worker's health exists, or he has come from a locality where infectious diseases have been registered, he must be quarantined for 25 days and his temperature taken daily.

Typhus is transmitted from human being to human being by lice only. Where there are no lice, there is no typhus. The cultural level at kolkhozes has risen considerably. The income of collective farms is now high enough to permit a good public bath and a simple emergency disinfecting installation at every village. The existence of well-equipped public baths enables collective farmers to bathe frequently and thus to eliminate pediculosis which may still exist in individual cases. Such cases must be brought to light, made harmless from the sanitary standpoint, and subjected to social supervision. Lice-infested people are particularly intolerable whenever they get into common dormitories, railroad cars, and steamships. The medical personnel attached to construction, peat, and lumber camps must insist that the management establish public baths and disinfection installations and that it organize regular bathing of workers and members of their families.

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The cultural level of the population is of great importance in eliminating pediculosis; everybody must be acquainted with the fundamentals of personal hygiene. The medical personnel must carry on educational work in that sense and supervise the carrying out of sanitary measures wherever such measures are necessary.

At home, lice-infested underwear should be rinsed, boiled, and ironed with a hot iron. If the linen cannot be laundered immediately, it should be kept in a place (preferably a cold one) where the lice which are present in it cannot come in contact with a human being. These measures will be effective in cases of accidental exposure to lice. In cases of chronic pediculosis, frequent changes of linen, combined with extermination measures, must be carried out until the lice are completely eliminated. While head lice do not transmit typhus, their presence is also intolerable; they should be eliminated by shampooing with household or green soap to which kerosene had been added.

In exterminating lice, one should dust underwear, clothing, and bedding with DDT, using 125-150 g DDT powder per set of winter clothing plus bedding. Lately, soap containing DDT or hexachlorane has been introduced. If linen has been laundered with this kind of soap, it becomes lice-proof for a month, even though subsequent launderings may be carried out with an ordinary soap.

One should explain to the population that DDT and hexachlorane will also exterminate other parasites as well as lice.

What should be done when infection with typhus has been actually established? The patient may carry infected lice, and these lice must be eliminated from his person and his dwelling. For 2 weeks prior to the disease and up to the time of hospitalization, persons in contact with the patient may have been exposed to infestation with these lice and through them, third persons. All such people must be taken care of; while they are washing themselves at the public bath house, their underwear, clothing, and bedding are treated in disinfection chambers so as to exterminate the lice. At the same time, the patient's dwelling is washed with a 20% kerosene-soap blend, a 10% solution of lysol or naphthalysol, or a 2% solution of K soap. All these operations must be carried out simultaneously. Daily house-to-house rounds are started and continued for 25 days. During this time, all persons who were in touch with the patient are inspected and their temperature is taken daily. General medical supervision of a settled point in which a case of typhus has occurred is continued for 71 days.

If the typhus patient has arrived from out of town, the place where he lives and came from must be notified. If a local resident has been out of town within 2-3 weeks before getting typhus, one must ascertain where he has been and notify the place in question. If the typhus patient has not done any traveling, one must ascertain whether he has been in touch with people from the outside. If the possibility of all outside contacts has been eliminated, one must conclude that there is a local source of infection. Probably an earlier case of typhus did occur and was diagnosed incorrectly. A physician should then be called and with his aid, all patients who have a fever and whose ailment has been previously diagnosed as influenza, malaria, pneumonia, etc., should be checked. Blood specimens should be taken from all persons who had fever for longer than 5 days, and agglutination tests with *Proxazek's rickettsiae* should be carried out. Positive reactions, particularly at high dilutions, may serve as a basis for retrospective diagnoses of typhus and sanitary treatment of the source of infection. In trying to locate the source of infection, one must bear in mind that some patients may not have sought medical aid at all.

Similar measures must be taken at any place from which a typhus patient has come who became sick elsewhere.

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